

DTS – Fast Footwork I



Dutch Total Soccer Fast Footwork I class is based on players being in control of the ball at all times and using skills and moves to pass a defender. The basic skills of the best players in the world are the foundation of Dutch Total Soccer Fast Footwork class. The goal of learning footwork skills are so that players are comfortable with the ball at all times and dominate defenders in 1 versus 1 situations.

Fast Footwork I will focus on learning and using basic moves and techniques instructed by the trainer without pressure put upon the players. The class teaches different moves to change into different directions. We will teach the players how to properly make a turn and go back, to go to the side, and to pass a defender in a forward direction. All players should have a detailed knowledge proper footwork in order to complement their overall soccer game. **AGES 7-10**

Sessions are one class per week for eight weeks (Unless specified otherwise).

Session #2 – Winter I Classes:

\$175: Wednesday - 6:00pm-7:00pm – December 2nd, 9th, 16th, 23rd, 30th, January 6th, 13th, 20th

\$175: Saturday - 8:50am-9:50am – December 5th, 12th, 19th, 26th, January 2nd, 9th, 16th, 23rd

\$175: Monday - 5:00pm-6:00pm – December 7th, 14th, 21st, 28th, January 4th, 11th, 18th, 25th

All classes are held at **Soccer Centers** (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 off of Route 287. For more information about Soccer Centers visit www.SoccerCenters.com.

Cost: \$175 Per Player

Make checks payable to “Soccer Centers”. Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. When signing up for more than one session or child, separate checks and registration forms are required.

Three ways to register!

- 1) In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way - Bridgewater) 9am to 5pm Monday to Thursday 8am to 5pm Fridays,
- 2) Drop registration off in the “REC” mail slot located on Municipal grounds before or after office hours
- 3) Via postal service.

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Checks payable to “Soccer Centers”

Last Name (Participants)		First Name	Gender	
Mailing Address		Town	State	Zip
Home #		Cell # Parent	Work # Parent	
Email Address	Age & Date of Birth		Session # & Day & Time	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. ☐ **Yes, I will need to be notified regarding special considerations for my child.**

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

_____/____/____
Parent/Guardian Signature Date

Bridgewater Recreation Department 100 Commons Way – Bridgewater, NJ 08807 (908) 725-6373
office hours 9am to 5pm Monday to Thursday 8am to 5pm Fridays www.bridgewaternj.gov